

**Base line study for
Engagement of Medical Colleges and Professional Associations for MIYCN policy and advocacy
in states of Bihar and Uttar Pradesh**

TOOL- NURSING STAFF- Gynaecology/ Obstetric Department

Tool No 05

FOR FIELD USE ONLY →

ID.

FOR OFFICE USE ONLY →

ID.

Objective of the interview: Assessment of current knowledge and practice of Nursing staff with regards to MIYCN

साक्षात्कार का उद्देश्य: मातृ एवं शिशु पोषण विषय पर नर्सिंग स्टाफ की जानकारी एवं व्यवहार का मूल्यांकन

Respondents: Nurses/Staff Nurses (From Department of Obstetric and Gynecology) नर्स/ नर्सिंग स्टाफ को पूछें (स्त्री रोग एवं प्रसूती के स्टाफ)

Interviewer (write in), साक्षात्कारकर्ता <div style="text-align: center; border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Date of Interview (write in), साक्षात्कार दिनांक <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
	Time of Interview HH, MM (Write in) साक्षात्कार का समय Start Time शुरुआत का समय <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> End time पूर्ण होने का समय <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> Total Time कुल समय <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
Questionnaire Number, प्रश्नावली संख्या	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

SECTION 1: DEMOGRAPHIC DETAILS, भाग 1: जनसांख्यिकी

Sr. No.	Question	Response	Code	Skip
1.1.	State, राज्य	Uttar Pradesh, उत्तर प्रदेश1 Bihar,2	<input type="checkbox"/>	
1.2.	Name of Medical College	BRD Medical College, Gorakhpur बी.आर.डी. मेडिकल कॉलेज, गोरखपुर.....1 MLN Medical College, Allahabad एम.एल.एन. मेडिकल कॉलेज, इलाहाबाद2 GSVM Medical College, Kanpur जी.एस.वी.एम मेडिकल कॉलेज, कानपुर3 Government Medical College, Kannauj राजकीय मेडिकल कॉलेज, कन्नौज4 AN Medical College, Gaya एएन मेडिकल कॉलेज, गया5 SK Medical College, Muzaffarpur एस.के मेडिकल कॉलेज, मुजफ्फरपुर6 Darbhanga Medical College, Darbhanga दरभंगा मेडिकल कॉलेज, दरभंगा7 Patna Medical College, Patna पटना मेडिकल कॉलेज, पटना8	<input type="checkbox"/>	
1.3.	Age (Completed years) उम्र (पूर्ण वर्ष)	_____ years वर्ष	<input type="text"/> <input type="text"/>	
1.4.	Gender लिंग	Male, पुरुष1 Female,2	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
1.5.	Highest Degree in Nursing नर्सिंग में उच्चतम शैक्षणिक / डिग्री	GNM,1 BSc Nursing,2 MSc Nursing,3 Diploma in Nursing, नर्सिंग में डिप्लोमा4 Assistant Nursing course नर्सिंग कोर्स.....5 Any other (specify) अन्य () ()6	<input type="checkbox"/>	
1.6. a.	Total work experience कार्य	_____ Year (वर्ष) _____ Months ()	<input type="text"/>	
1.6. b.	Total work experience at current hospital वर्तमान में कुल कार्य का अनुभव	_____ Year (वर्ष) _____ Months ()	<input type="text"/>	
1.7.	Since how long are you posted with this department? कितने में नियुक्त हैं?	_____ Year _____ Months _____ Days वर्ष/ / दिन	<input type="checkbox"/>	
1.8.	Current Designation वर्तमान	Matron, मैट्रन.....1 Head staff nurse, हेड स्टाफ नर्स2 Senior staff nurse, सीनियर स्टाफ नर्स.....3 Asst. staff nurse, असिस्टेंट स्टाफ नर्स.....4 Staff nurse, स्टाफ नर्स5 Other (Specify), अ कोई (विवरण दें)6	<input type="checkbox"/>	
1.9	Currently deputed at वर्तमान नियुक्ति	ANC/ Gynecology OPD, . . . / स्त्री1 Post Natal Care Ward, प्रसवोपरान्त वार्ड2 Gynecology ward, स्त्री वार्ड.....3 Surgery (Operation Theatre), सर्जरी ()...4 Labour room, प्रसव कक्ष5 Other (specify) अन्य () ()6 No where.....7	<input type="checkbox"/>	If "7" terminate the interview यदि "७" है तो इंटरव्यू समाप्त करें
1.10	Have you been posted in the Gynaecology/ Obstetric Dept. in the past? क्या आपकी नियुक्ति स्त्री / प्रसूति में हुई ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If '2' skip to Q1.12 यदि "२" हो तो प्रश्न जाये
1.11.	If Yes, How many times? यदि , कितनी ?	_____		
1.12.	Have you been posted in the Pediatric Dept. in the past? क्या आपकी नियुक्ति में हुई ?	Yes, ...1 No, नहीं2	<input type="checkbox"/>	If '2' skip to Q1.14 " " प्रश्न जाये
1.13.	If Yes, How many times? यदि , कितनी ?			
1.14.	Is there any system of handing over the service delivery while leaving one department or joining other department? क्या व्यवस्था चार्ज हस्तांतरित ?	Yes,1 No,2 Do not Know ,3	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
1.15.	Were you provided any orientation while joining this department? वर्तमान क ऑरियेन्टेश हुअ ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If '2' skip to section -2 " " सेव जाये
1.16.	If yes, by whom? यदि , किसके द्वारा? (Multiple Answers Possible) (<u>उत्त</u>)	Head Nurse, मुख्य नर्स1 Head of Department, विभागाध्यक्ष.....2 Medical Officers, आफिसर.....3 Others (Specify), अन्य (दें)4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SECTION 2: Training, 2: प्रशिक्षण

Sr. No	Question	Response	Code	Skip
2.1	Have you ever been trained on MIYCN topics either alone or as part of any training? क्या प्रशिक्षण MIYCN विषयों में, स्तना / BFHI/ (: ,) जिनमें MIYCN प्रशिक्षण ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If "2" then skip to Q.2.4. " " प्र. जायें

2.2	Mention the trainings attended in which MIYCN components were covered in the table given below. MIYCN प्रशिक्षण : विषयों लिखें।			
	List the topics covered (Prompt: IYCF/MN/BF/BFHI/etc.) (: , , स्तना / BFHI/)	Date of Training प्रशिक्षण : दिनांक (MM/YY) (/ वर्ष)	No. of days प्रशिक्षण : दिन	Training provider (mention name of department or institution or agency) प्रशिक्षक (/ संस्था लिखें) Codes: 1-In house trainer, 2-External expert, अन्य/ प्रशिक्षक विशेषज्ञ
2.2.1				
2.2.2				
2.2.3				
2.2.4				
Note				

Sr. No	Question	Response	Code	Skip
2.3	Have you received any training exclusively on maternal, infant and young child nutrition? क्या प्रशिक्षण ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	

Sr. No	Question	Response	Code	Skip
TRAINING NEED ASSESSMENT प्रशिक्षण की आवश्यकता मूल्यांकन				
2.4	Is there any topic on maternal and child nutrition on which you feel you need training? क्या _____ में किसी प्रशिक्षण की आवश्यकता _____ ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If '2' skip to Q 3.1 " " प्र जाये
2.5	If yes, on what topics? यदि _____ किस _____ ? Multiple Answers Possible उत्त Code: Yes,1 No, नहीं.....2 (Prompt/ Read out each response and note the answers) सभी उत्तर पढकर सुनाएं	Importance of Maternal Nutrition महत्व.....1 Dietary Diversity for pregnant and lactating mothers गर्भवती धार्त्र महिला:2 Importance of IFA and Calcium supplementation for pregnant and lactating mothers गर्भवती धार्त्र महिला: (IFA) Calcium गोलियों महत्व.....3 Importance of Breastfeeding स्तनपान महत्व.....4 Benefits of Early initiation of breastfeeding जल्दी स्तनपान5 Attachment and positioning of baby while breastfeeding स्तनप ब स्थित6 Breastfeeding during sickness स्तनपान.....7 Timely introduction of complementary feeding उ /8 Diet Diversity for complementary feeding म9 Recommended Quantity of Food मात्र10 Weight Measurement and Tracking Weight gain during pregnancy गर्भावस्था की11 Any other aspect अन्य12 None of the above उपरोक्त में नहीं.....13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SECTION 3: Protocols/Guidelines 3: निर्देशिका

Sr. No	Question	Responses	Code	Skip
3.1	Are there any written protocols/ guidelines for nurses on advising/ counselling Pregnant women coming to ANC OPD on their nutrntion/diet practices? क प्रसव: गर्भवती सम्बन्धित परामश/ निर्देशिका ?	Yes, ...1 No, नहीं...2 Don't Know, नहीं...3	<input type="checkbox"/>	
3.2	Are there any written	Yes, ...1		

Sr. No	Question	Responses	Code	Skip	
	protocols/guidelines for nurses on essential new born care services to be provided after birth? क्या जन्म तुरन्त में आवश्यक सेवाओं सम्बन्धित निदेशिका है?	No, नहीं...2 Don't Know, नहीं...3	<input type="checkbox"/>		
3.3	Is skin to skin contact between mother and baby and initiating breastfeeding within 1 hour a part of the essential new born care protocol/guideline? क्या मातृत्वत्व संपर्क 1 अं स्तना निदेशिका आवश्यक है?	Yes, ...1 No, नहीं...2 Don't Know, नहीं ...3	<input type="checkbox"/>		
3.4	Are there any written protocols/guidelines for nurses on advising/counselling delivered women and her relatives in the PNC ward on breastfeeding of the new born? क्या प्रसवोपर क (. . . वार्ड) में स्तनपान रिश्तेदारों को / परामर्श सम्बन्ध में नर्सों परामर्श/ निदेशिका है?	Yes, ...1 No, नहीं...2 Don't Know, नहीं ...3	<input type="checkbox"/>		
3.5	Are there any protocols/guidelines for discharge of the mother and baby? क्या ब अस्पत डी/ डिस्चार्ज निदेशिका है?	Yes, ...1 No, नहीं...2 Don't Know, नहीं ...3	<input type="checkbox"/>		
3.6	Is advice/counselling on Maternal nutrition and breastfeeding a part of the discharge guidelines? क्या स्तना / परामर्श, अस्पत छु / डिस्चार्ज निदेशिका है?	Yes, ...1 No, नहीं...2 Don't Know, नहीं ...3	<input type="checkbox"/>		
3.7	Are these protocols/guidelines displayed in the nurse station/labor room/ PNC ward? क्या निदेशिका नर्सों कक्ष / प्रसव कक्ष / प्रसवोपर क (. . . वार्ड) में प्रदर्शित है ? Please observe करो.	Nurse Station नर्स क	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
		ANC OPD	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
		Labor Room प्रसव कक्ष	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
		PNC Ward प्रसवोपर क (. . . वार्ड)	Yes,1 No, नहीं.....2	<input type="checkbox"/>	

Section 4: Services provided at ANC OPD, Labour room and PNC ward

4: , प्रसव कक्ष प्रसवोपर क (. वाड) में

Sr. No	Questions	Response	Code	Skip
4.1	Have you ever been posted in the ANC OPD? क्या में नियुक्त हुए/ हुई हैं?	Yes, . . .1 No, नहीं. . .2	<input type="checkbox"/>	If 2, then skip to Q 4.13 " " प्र. जायें
4.2	How frequently in a month did you visit/visited the ANC Clinic? में कितनी में नियुक्त हुई हैं?	Daily, प्रतिदिन1 Once in a week, सप्ताह में2 Once in 15 days, 15 दिन में3 Once in a month, . . . में4	<input type="checkbox"/>	
4.3	On an average, how many Pregnant women come to the OPD in a day? प्रतिदिन कितनी गर्भवती . . . में हैं?		<input type="checkbox"/>	
4.4	How is the ANC care counselling/advice being provided to the Pregnant women? प्रसवपूर्व . . . गर्भवती महिला: परामर्श/ . . . ?	One on one, . . . -1 In a group, . . . में.....2 Both, दोनों.....3	<input type="checkbox"/>	
4.5	Is maternal nutrition practice related topic part of this advice/counselling? क्या व्यक्त / परामर्श . . . ?	Yes, with most of the ANC mothers . . . गर्भवती ओं1 Yes, but occasionally with only few of the ANC mothers , लेकिन प्राय: . . . गर्भवती2 No, नहीं.....3	<input type="checkbox"/>	If 2, then skip to Q- 4.7 " " प्र. जायें
4.6	What different aspects of Maternal nutrition is part of your advice/counselling to the ANC mothers? द्वारा गर्भवती ओं / परामर्श विभिन्न . . . क्या हैं? (Do not give options to the service provider. Tick the options s/he mentions) (सेवाप्रदाता विकल्प . . . द्वारा . . . विकल्पों . . . लिखें) (Multiple response) उत्तर	Dietary Diversity की01 Recommended Quantity of Food की मात्रा02 Ensure IFA Supplementation (IFA) टेबलेट सुनिश्चित03 Ensure Calcium Supplementation कैल्शियम टेबलेट सुनिश्चित04 Weight Measurement and Tracking Weight Gain की05 Rest and Reduce Workload06 Preparation for early initiation of breastfeeding after delivery प्रसव पश्चात शीघ्र स्तनपान की07 Cleaning and hygiene practice.....08 Any other aspect अन्य9 None, नहीं.....10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

4.7	Is the pregnancy weight recorded in the pregnancy weight gain tracking chart or in the MCP card? क्या गर्भवती सुरक्षा कार्ड चाट दर्ज है ?				Yes,1 No, नहीं....2	<input type="checkbox"/>	If 1, then skip to Q- 4.9.a. " " प्र. 4.9.a. जायें
4.8	If no...Why? यदि नहीं, क्यों?					<input type="checkbox"/>	
4.9.a.	Do you involve relatives (Husband and Mothers/Mother in laws) of the pregnant women attending ANC OPD during your advice/counselling session? क्या गर्भवती / परामर्श रिश्तेदार (/ /) है ?				Yes1 No, नहीं....2	<input type="checkbox"/>	If 2, then skip to Q- 4.10 " " प्र. जायें
4.9.b.	If yes, How frequently do you involve relatives of pregnant women during your advice/ counselling session? (Always.....1 / Occassaionally....2 / Never....3) / परामर्श गर्भवती रिश्तेदार है ? (हमेशा ... 1 / कभी-कभी ... 2 / कभी नहीं ... 3)	Husband.....1	Mothers.....2	Mother in law.....3		<input type="checkbox"/>	
4.10	Do you use/have any job aids for providing advice/counselling on maternal nutrition related topic in ANC OPD? क्या ANC में सम्बन्धी / परामर्श हुए IEC/ पोस्टर/ चित्र आदि इस्तेमाल है? क्या सामग्री उपलब्ध ?				Yes,1 No, नहीं....2	<input type="checkbox"/>	
4.11	Do you provide any education material to the Pregnant Women on maternal nutrition in ANC OPD? क्या ANC शैक्षिक सामग्री उपलब्ध है?				Yes,1 No, नहीं....2	<input type="checkbox"/>	If 2, then skip to Q- 4.13 " " प्र. जायें
4.12	List the materials provided at ANC OPD ANC में उपलब्ध सामग्री की						

4.13	Are you or have you ever been posted in the labor room? क्या आपकी प्रसव कक्ष में नियुक्ति हुई ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If 2 then skip to Q-4.23 " " प्र. ४.२३ जाये
4.14	How frequently did you visit/visited the Labor room in a month? प्रसव कक्ष में नियुक्त हुए/ हुई हैं?	Daily, प्रतिदिन2 Once in a week, सप्ताह में3 Once in 15 days, 15 दिन में4 Once in a month, में5	<input type="checkbox"/>	
4.15	On an average, how many deliveries occur daily? दिन में कितने प्रसव हैं?per day, प्रतिदिन	<input type="checkbox"/>	
4.16	On an average, how many cesarean deliveries occur daily? दिन में कितने प्रसव (C- section) हैं?per day, प्रतिदिन	<input type="checkbox"/>	
4.17	When do you cut the cord for the baby in normal vaginal deliveries? सामान्य प्रसव में गर्भनाल हैं?	Immediately, तुरन्त.....1 With in 1 mins, अन्दर.....2 With in 2 mins, अन्दर.....3	<input type="checkbox"/>	
4.18	Do you put baby immediately to the breast and provide skin to skin contact after normal delivery? सामान्य प्रसव तुरन्त क्या त्वचा सम्पर्क वे स्तन त्वचा हैं?	No, नहीं.....1 Occasionally, -2 Routinely with most of the baby and women, प्रायः ब3	<input type="checkbox"/>	
4.19	In case of caesarean section delivery within what time do you promote for initiating breastfeeding? सीजेरियन सेक्शन हुए प्रसव में कितने स्तनपान की हैं?hours, घण्टे _____minutes,	<input type="text"/> <input type="text"/>	
4.20	Is there a recovery/observation room or corner attached with the Labor room? क प्रसव कक्ष हुआ निरीक्षण कक्ष ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
4.21	In a normal delivery case, after how many hours do you shift the mother and the baby to the Post Natal Care ward? सामान्य प्रसव में, ब कितने घण्टों वे प्रसवोपर क (. . . वार्ड) में हैं?	Hours after delivery, प्रसव घण्टे.....	<input type="checkbox"/>	

4.22	After how many hours do you shiftmother with caserean section and the baby to the Post Natal Care ward? सीजेरियन प्रसव में, बच्चे कितने घण्टे बाद वार्ड में हैं?	Hours after delivery , प्रसव घण्टे.....	<input type="checkbox"/>	
4.23	Are you or have you ever been posted in the PNC ward? क्या आपकी प्रसवोपर क (. . . . वाड) में नियुक्ति हुई ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	If 2, then skip to Section 5 " " सेव जाये
4.24	How frequently did you visit/visited the PNC ward in a month? प्रसवोपर क (. . . . वाड) में नियुक्त हुए/ हुई हैं?	Daily, प्रतिदिन2 Once in a week, सप्ताह में3 Once in 15 days, 15 दिन में4 Once in a month, में5	<input type="checkbox"/>	
4.25	On an average, how many PNC mothers are there in the ward in a day? म प्रस वाड म है?(number, संख्या)	<input type="checkbox"/>	
4.26	How frequently do you take rounds for assessing the health status of the mothers and the babies admitted in the PNC ward? प्रसवापरा कक्ष वाड) म भत ब स्वास्थ्य है?	Every 2 hourly, 2 घण्टे में.....1 Every 4 hourly, 4 घण्टे में.....2 Every 6 hourly, 6 घण्टे में3 Every 8 hourly, 8 घण्टे में.....4 Every 12 hourly 12 घण्टे में5 Only when mother or the newborn has some complaint, ब समस्या6	<input type="checkbox"/>	
4.27	What all do you do during your rounds? वार्ड में क्या हैं? (Do not prompt but Probe to the service provider. Tick the options s/he mentions) (सेवाप्रदात विकल्प द्वारा विकल्पों लिखें) (Multiple response) उक्त	Check temperature, Blood Pressure , ब्लड प्रेशर की1 Dispense medicines,2 Check for complications/problems of the mother की जटिलता की ...3 Check for complications/problems of the new born शिशुओं मुश्किलों/जटिलताओं की ...4 Advice on care of the new born after delivery प्रसव की5 Demonstrate correct attachment & positioning for breastfeeding स्तनपान की स्थिति प्रदर्शित6 Assess for difficulties in breastfeeding and then advice/counsel on proper breastfeeding स्तनपान समस्या मूल्यांकन स्तनपान की / परामर्श7 Any other (Specify) अन्य (दें)8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

4.28	<p>Do you provide any advice or counselling on proper breastfeeding to all the mothers in the PNC ward?</p> <p>क्या स्तनपान प्रसवोपर क (. . . वाड) में परामर्श है?</p>	<p>No, नहीं.....1 Yes, only to those who have problems in breastfeeding उन्हें जिन्हें स्तनपान में समस्या2 To all the mothers in the PNC ward प्रसवोपर क (. . . वाड) में3</p>	<input type="checkbox"/>	
4.29	<p>Have you come across baby who is not able to breastfeed or the mother has breastfeeding difficulties?</p> <p>क क ब देख है स्तना में सक्ष न स्तना में सम ?</p>	<p>Yes,1 No, नहीं....2</p>	<input type="checkbox"/>	<p>If "2", then skip to Q-4.31 " " प्र जाये</p>
4.30	<p>What advice do you give in such cases?</p> <p>स्थितिमें क्या है?</p> <p>(Do not prompt but Probe to the service provider. Circle the options s/he mentions) (सेवाप्रदाता विकल्प द्वारा विकल्पों : लिखें) (Multiple response) उत्त</p>	<p>Do nothing and refer it to doctor for advice स्वयं नहीं डाक्टर है.....1 Ask mother to continue breastfeeding and माता: स्तनपान की है.....2 Advise her to start animal milk / शुरु की है.....3 Advise her to start formula milk फार्मूला/ की है.....4 Demonstrate correct attachment & positioning स्तनपान की स्थिति प्रदर्शित है.....5 Advise and teach her the expressed breastfeeding technique उन्हें स्तन की है.....6 Any other (specify) अन्य है.....7</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.31	<p>By what time is the discharge given to a normal and healthy mother and baby?</p> <p>सामान्य स्वस्थ ब अस्पताल डिस्चार्ज/ छुटी ?</p> <p>(Do not give options to the service provider. Circle the options s/he mentions) (सेवाप्रदाता विकल्प द्वारा विकल्पों : लिखें)</p>	<p>As and when the mother and her relatives demand to get discharge रिश्तेदार डिस्चार्ज : लगे.....1 When the doctor decides that the mother and baby are healthy and can be discharged डाक्टर निर्णय ले ब दोनों स्वस्थ डिस्चार्ज किए है.....2 There is a fixed time decided in the hospital for discharge of all the healthy and normal mother and baby सामान्य स्वस्थ ब डिस्चार्ज निर्धारित है.....3</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>4.32</p>	<p>What all do you do at the time of discharge? (Do not give options to the service provider. Circle the options s/he mentions) (सेवाप्रदाता विकल्पों द्वारा लिखें)</p>	<p>Provide discharge card डिस्चार्ज कार्ड उपलब्ध हैं.....1 Provide medicines and advice on dosage मात्र की2 Advice on identification of complications to mother or new born बच्चे में समस्या की हैं.....3 Give dates for Follow up visit / की हैं.....4 Give dates for Immunization visit / इम्यूनजेशन की हैं.....5 Advice on Breastfeeding स्तनपान हैं.....6 Maternal nutrition during lactation period की की हैं.....7 Any other (specify), अन्य ()8 None, नहीं.....9</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>4.33.a.</p>	<p>Do you involve relatives (Husband and Mothers/Mother in laws) of the delivered women during your advice/counselling session? क्या प्रसवोपरान्त / परामर्श रिश्तेदार (/ /) हैं?</p>	<p>Yes,1 No, नहीं.....2</p>	<p><input type="checkbox"/></p>	<p>If "2", then skip to Q-4.34 " " प्र. जाये</p>	
<p>4.33.b.</p>	<p>If yes, How frequently do you involve relatives of pregnant women during your advice/ counselling session? (Always.....1 / Occassaionally....2 / Never....3) / परामर्श स गभवती रिश्तेदार हैं? (हमेशा 1 / कभी-कभी2 / कभी नहीं3)</p>	<p>Husband.....1</p> <p><input type="checkbox"/></p>	<p>Mothers.....2</p> <p><input type="checkbox"/></p>	<p>Mother in law.....3</p> <p><input type="checkbox"/></p>	
<p>4.34</p>	<p>Do you use/have any job aids for providing advice/counselling on maternal nutrition and breast feeding related topic in the PNC ward? क्या प्रसवोपर कक्ष (वार्ड) में स्तनपान सम्बन्ध / परामर्श हु IEC/ पोस्टर / चित्र इस्तेमाल है?</p>	<p>Yes,1 No,2</p>	<p><input type="checkbox"/></p>		

4.35	Do you provide any education material to the delivered mother on maternal nutrition and breastfeeding at the time of discharge? क डिस्चार्ज प्रसवोपर साम उपल है? स्तना शैक्षिक	Yes,1 No,2	<input type="checkbox"/>	If "2" then skip to section-5 " " सेव जाये
4.36	List the materials provided during discharge डिस्चार्ज में साम		<input type="checkbox"/>	

Section 5: Knowledgeon MIYCN

5: MIYCN

Sr. No.	Question	Response	Code	Skip
5.1	What are the minimum no of ANC check ups to be done during the pregnancy period? गर्भावस्था प्रसवपूर्व (ANC) ?	One,1 Two,2 Three,3 Four,4 4+ , ज्यादा.....5	<input type="checkbox"/>	
5.2	What is the expected total weight gain during pregnancy? गर्भवस् अपेक्षित वृद्धि कितनी ?	Less than 6 kg, 6 किलो से कम1 6 to 8 kg, 6 से 8 किलो2 8 to 10 kg, 8 से 10 किलो.....3 10 to 12 kg, 10 से 12 किलो.....4 Above 12 kg, 12 किलो से ऊपर...5 Others (Specify), अ (द).....6	<input type="checkbox"/>	
5.3	What is the dosage of IFA tablet recommended under National guidelines for pregnant and lactating women? गर्भवती धार्त्र राष्ट्रीय निर्देशिका ने (IFA) की क्या मात्र ?	60mg elemental iron & 400mcg of folic acid, 60 4001 60mg elemental iron & 500mcg of folic acid, 60 5002 100mg elemental iron & 400mcg of folic acid, 100 4003 100mg elemental iron & 500mcg of folic acid, 100 5004 Not aware,5 Other (specify), अ (द)6	<input type="checkbox"/>	If 5 then, skip to Q – 5.7 " " प्र जाये
5.4	How many IFA tablets are to be provided during pregnancy? गर्भावस्था कितनी (IFA) ?	1 दिन में , 100 दिन1 1 tablet twice a day for 100 days 1 दिन में , 100 दिन2 1 tablet once a day for 180 days 1 दिन में 180 दिन3 1 tablet twice a day for 180 days 1 दिन में , 180 दिन4	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
5.5	What are side effects related to IFA tablets consumption? (IFA) गोलियों के दुष्प्रभ क है? (Multiple Response Possible) उर	Constipation, कब्ज1 Diarrhoea, दस्त.....2 Loss of appetite,3 Nausea and vomiting, चव4 Foetal complication, घृण संबंधी जटिलता5 Don't Know, पता नहीं.....6	<input type="checkbox"/>	
5.6	In case of side effects by IFA what should be done? (IFA) गोलियों के दुष्प्रभ क क ?	Discontinue IFA consumption (IFA)1 Need to take medications as per the symptoms developed लक्षा2 continue IFA consumption and side effects would subside over the period (IFA) , दुष्प्रभा म जायग.....3 Based on the doctor's recommendation, medicine is given like cetirizine etc सिट्रोजिन इत्याद4 Immediately contact to doctor and update the condition of patient तक डाव सपक स्थित बत्ता5 None of the above उपरा6 Don't know7	<input type="checkbox"/>	
5.7	Is IFA tablets to be provided to mothers during PNC? क प्रस (IFA) ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
5.8	What is the dosage of Calcium supplements for pregnant women? गर्भवती कैल्शियम की मात्र क्या ?	500 mg once a day for 100 days 500 mg दिन में ,100 दिन1 500 mg twice a day for 100 days 500 mg दिन में ,100 दिन2 500 mg once a day for 180 days 500 mg दिन में ,180 दिन3 500 mg twice a day for 180 days 500 mg दिन में ,180 दिन4 Don't know.....5 Other (specify).....6	<input type="checkbox"/>	
5.9	Is Calcium tablets to be provided to mothers during PNC? क प्रस कैल्शियम ?	Yes,1 No, नहीं.....2	<input type="checkbox"/>	
5.10	How many minimum food groups need to be included in the diet of pregnant women? गर्भवती में न्यूनतम कितने खात की आवश्यकता ?	Three,1 Four,2 Five,3 Six, :...4 Do not Know, नहीं.....5	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
5.11	What should be the frequency of food intake for pregnant women in 3 rd trimester? में गर्भवती दिन में कितनी ?	Two meals a day दिन में 21 Three meals a day दिन में 32 Three meals + one snack a day दिन में 3 + नाश्ता.....3 Three meals + 2 snacks a day दिन में 3 + 2 नाश्ता.....4 Not aware on this as the message is imparted by the doctor, क्याकि य डाक्टर द्वारा5 Others (Specify) अ (दे)6	<input type="checkbox"/>	
5.12	When should we start advising on breast feeding to pregnant women? हमें गर्भवती स्तनपान शुरू ?	During 1 st Trimester1 During 2 nd Trimester2 During 3 rd Trimester3 After delivery प्रसव4	<input type="checkbox"/>	
5.13	After how much time cord clamping is done for new born delivered normally without any complications after birth? सम अथवा न प्रस (कोर्ड) ?	<1 min after birth < जन्म 11 1 – 4 min after birth जन्म 1-42 >4 min after birth >जन्म 43 Others (Specify) अन्य (दे)4	<input type="checkbox"/>	
5.14	What is the guideline for initiating breastfeeding for a new born in case of normal vaginal delivery? सामान्य प्रस में स्तना शु क निदेशिकां ?	Within half an hour घण्टे अन्दर.....1 Within one hour घण्टे अन्दर.....2 Within 4 hours 4 घण्टे अन्दर.....3 Within 8 hours 8 घण्टे अन्दर.....4 Within 24 hours 24 घण्टे अन्दर.....5 Within 2 days 2 दिन अन्दर.....6 Don't know नहीं.....7	<input type="checkbox"/>	
5.15	What is the guideline for initiating breastfeeding in a new born with C-Section delivery? सोजरियन सेव हु प्रस म स्तनप क निदेशिका है?	Within half an hour घण्टे अन्दर.....1 Within one hour घण्टे अन्दर.....2 Within 4 hours 4 घण्टे अन्दर.....3 Within 8 hours 8 घण्टे अन्दर.....4	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
		<p>With in 24 hours 24 घण्टे अन्दर.....5</p> <p>With in 2 days 2 दिन अन्दर....6</p> <p>Don't know नहीं...7</p>		
5.16	<p>Who needs to be provided with Kangaroo Mother care? बच्चा कंगारू की आवश्यकता ?</p> <p>(Multiple Answers Possible) (उत्तर)</p>	<p>Stable new born with birth weight above 2.5 Kg जन्म 2.5 किलो ज्यादा स्वस्थ1</p> <p>Sick new born with birth weight above 2.5 Kg जन्म 2.5 किलो ज्यादा2</p> <p>Stable new born with birth weight below 2.5 Kg जन्म 2.5 किलो स्वस्थ3</p> <p>Sick new born with birth weight below 2.5 Kg जन्म 2.5 किलो4</p> <p>Don't know5</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.17	<p>What should not be given to the child during the first 2-3 days of birth? जन्म 2-3 दिन बच्चा क्या नहीं देना ?</p> <p>(Multiple Response Possible) उत्तर</p>	<p>Mother's milk1</p> <p>Cow's milk,2</p> <p>Water,3</p> <p>Colostrum,4</p> <p>Janamghutti, जन्मघुट्टी.....5</p> <p>Formula Milk, फॉर्मूला6</p> <p>Honey,7</p> <p>Other (specify) अन्य (दे).....8</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.18	<p>Why should a new born be given colostrum in the first few days after the birth? क्यों जन्म दिन कोलोस्ट्रोम/ क्यों देना ?</p> <p>(Do not prompt. Encourage to get as many answer as possible) (सेवाप्रदाता विकल्प द्वारा विकल्पों लिखें)</p> <p>(Multiple Response Possible) उत्तर</p>	<p>It provides natural immunity to the children बच्चों प्राकृतिक रूप विमारियों : रक्ष1</p> <p>Contains Vitamin A A युक्त2</p> <p>Helps clear first stool/meconium स्टूल/ / में3</p> <p>Reduces risk of jaundice जान्डिस4</p> <p>It increases physical attachment of mother and child, ब5</p> <p>Don't know नहीं...6</p> <p>Other (specify) अन्य (दे).....7</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.19	<p>Till what age (in months) should a child be given only breast milk? किस उम्र (में) बच्चों स्तनपान (नहीं)</p> <p>(Probe: no water feeding, top milk, top</p>	<p>_____ (months,)</p>	<input type="checkbox"/>	

Sr. No.	Question	Response	Code	Skip
	food) (जांच: पानी ना पिलाना, ऊपर का दूध, ऊपर का भोजन)			
5.20	Do infants under 6 month's age need water in summer when it is hot? क्या 6 महीने की आयु तक गर्मी में पानी की आवश्यकता है ?	Yes,1 No, नहीं.....2 Don't know, नहीं.....3	<input type="checkbox"/>	
5.21	How should the mother breastfeed the baby? द्वारा बच्चे को स्तनपान कराना है ?	Any One breast during each feed प्रत्येक भोजन में एक स्तन1 Both the breasts during each feed प्रत्येक भोजन में दोनों स्तन2 Alternate breast with 2 nd only if 1 st breast empties during each feed प्रत्येक भोजन में स्तन शुरू करके खत्म करना है3	<input type="checkbox"/>	

Thank you

धन्यवाद